STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964826	09/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Flo-Ronke, Inc.	1513 East Ellicott Street Tampa, FL 33610	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0163 - 429.49 Fs - Records - Resident, Penalties For Alteration S-S= G

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014008912, was conducted on [redacted].

Flo-Ronke, Inc., assisted living facility, had deficiencies at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on observation, interview and record review, the facility failed to provide appropriate supervision and oversight by qualified staff for 5 of 5 sampled residents (Resident #1, #2, #3, #4 and #5). The facility allowed an employee with disqualifying criminal history to have ongoing contact with the residents and the facility left the residents alone without a staff person providing supervision and oversight.

Findings include:

A review of a prior complaint investigation conducted at the facility on [redacted] revealed that Employee A had been found to have disqualifying criminal history and revealed that Employee A had not passed a Level II background screen. The review of the investigation further revealed that the administrator had been advised that Employee A was not to be at the facility and could not be in contact with the residents or their property.

A review of documentation from a visit by a representative of the Long Term Care Ombudsman program dated [redacted] revealed that Employee A was observed at the facility on that date with residents present painting resident [redacted] and sharing a [redacted] a resident.

On [redacted] at approximately 8:50 AM, Employee A was observed outside the facility, mowing the lawn. Resident #2 and Resident #3 were sitting outside the facility while Employee A was mowing the lawn and no other staff were present outside the facility.

On [redacted] at approximately 9:25 AM, the administrator said that Employee A was still working at the facility, doing maintenance work and painting in resident [redacted] and doing yard work. The administrator stated that Employee A still had contact with residents. The administrator stated that she knew that Employee A had not passed a Level II background screen.

On [redacted] at 9:50 AM, Resident #1 stated that Employee A was staying at the facility and said that Employee A shared a [redacted] Resident #5.

On [redacted] at 9:55 AM, Resident #5 stated that Employee A worked at the facility and cooked for the residents. Resident #5 stated that Employee A had made breakfast for the residents that morning.

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On [redacted] at approximately 10:00 AM, during a tour of the facility, a dresser was observed in the laundry [redacted] the facility. There was a pair of shoes and a belt on top of the dresser and men's clothing inside the drawers of the dresser.
When questioned about the dresser on that same date at 10:01 AM, the administrator stated that the clothing belonged to Employee A.

On [redacted] at 10:05 AM, the administrator stated that Employee A was not working at the facility and stated that she was the only person working at the facility on this date.

On [redacted] at 10:20 AM, while on a monitoring visit at another facility owned by the administrator, staff at the facility reported that the administrator was enroute to the second facility. The administrator was observed arriving at her second facility at approximately 10:40 AM.

On [redacted] at 10:35 AM, an employee of the Agency's Medicaid Program Integrity unit advised that upon returning to the facility, Residents #1-5 were alone with no facility staff on duty and Resident #2 and Resident #3 were observed walking up and down the street.

When interviewed on [redacted] at 11:00 AM, Resident #3 stated that the administrator had left the facility and there were no other staff on duty at the time she left.

Class II

0163-Records - Resident, Penalties for Alteration 429.49 FS

Based on interview and record review, the assisted living facility provided a falsified Level II background screen for one of three sampled employees (Employee A).

Findings include:

On [redacted], a review of the Agency's background screening website indicated that Employee A had completed a Level II background screen and was found to be Not Eligible.

On [redacted] the manager of the Agency's background screening unit confirmed that Employee A "has never been eligible in our system."

On [redacted], a representative of the Agency's Medicaid Program Integrity unit (MPI) provided a copy of a Level II background screen the facility submitted to the Agency, which indicated that Employee A was Eligible.

On [redacted] at 9:20 AM, the administrator said that Employee A had worked for the facility "off and on" since 1998 and confirmed that Employee A was still coming to the facility, painting resident [redacted] and having contact with residents, although his Level II background screen indicated he was found Not Eligible.
When asked how a Level II background screen indicating Employee A was eligible had been submitted to the Agency, the administrator said she had no explanation.

Class II

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Flo-Ronke, Inc.
1513 East Ellicott Street
Tampa, FL 33610

RE: CCR# 2014008912

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown** at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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